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USAID Health Service Delivery Activity Quarterly Progress Report

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Agreement Officer's Representative: Dr. Nagham Abu Shaqra

Submitted by: Dr. Sabry Hamza, Chief of Party
Abt Associates Inc.
4550 Montgomery Avenue, Suite 800 North
Bethesda, MD 20814-3343, USA

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ACRONYMS AND ABBREVIATIONS

AMEP	Activity Monitoring and Evaluation Plan
AOR	Agreement Officer Representative
CBO	Community Based Organization
CDCS	Country Development Cooperation Strategy
CHC	Community Health Committee
DAG	Directorate Advisory Group
DO	Development Objective
EMPHNET	Eastern Mediterranean Public Health Network
FY	Fiscal Year
GBV	Gender Based Violence
GFA	Geographic Focus Area
GOJ	Government of Jordan
HCAC	Health Care Accreditation Council
HC&AD	Health Communication and Awareness Directorate
HD	Health Directorate
HDA	Health Directorate Administration
HFG	Health, Finance and Governance
HPC	Higher Population Council
HRH	Human Resources for Health
HSD	Health Service Delivery Activity
IFH	Institute for Family Health
IR	Intermediate Result
ISD	Integrated Service Delivery
ISDP	Integrated Service Delivery Package
IT	Information Technology
IUD	Intrauterine Device
JAFPP	Jordan Association for Family Planning and Protection
JCAP	Jordan Communication, Advocacy and Policy Activity
JICA	Japanese International Cooperation Agency

JNC	Jordanian Nursing Council
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MOH	Ministry of Health
MMSR	Maternal Mortality Surveillance and Response
NAG	National Advisory Group
NCD	Non-Communicable Diseases
NGO	Non-Governmental Organization
NICU	Neonatal Intensive Care Unit
PFH	Population and Family Health
RMNCH	Reproductive, Maternal, Newborn and Child Health
RMNCH+	RMNCH plus Nutrition
RMS	Royal Medical Services
SDP	Service Delivery Point
UN	United Nations
UNFPA	United Nations Population Fund
UNHCR	United Nations Higher Commissioner for Refugees
USAID	United States Agency for International Development
WCHD	Woman and Child Health Directorate
WHO	World Health Organization

1. ACTIVITY OVERVIEW

A. ACTIVITY DETAILS

Activity Name	Health Service Delivery Activity
Activity Start / End Date	March 15, 2016 - March 14, 2021
Name of Prime Implementing Partner	Abt Associates, Inc.
Contract/Agreement Number	AID-278-A-16-00002
Name of Subcontractors / Sub-awardees:	Jordan Health Care Accreditation Council, EMPHNET, Population Council, American College of Nurse-Midwives
Geographic Coverage (Governorates / Districts)	Nationwide
Reporting Period	FY 2016 Q3

The five-year Health Service Delivery (HSD) Activity is USAID/Jordan's flagship to improve health outcomes for women of reproductive age and children under the age of five, including Syrian refugees living in Jordanian host communities. The Activity aims to stimulate management, clinical, and behavioral changes within Jordan's public and private health service system that will lead to the intended results.

USAID supports programs that expand access and availability of integrated health services and improve the quality of essential health services at national and sub-national levels in Jordan. There are multiple initiatives underway to improve the health of both Jordanian nationals and non-Jordanians living in Jordan. The USAID/Jordan Country Development Cooperation Strategy (CDCS), the Ministry of Health's (MOH) Five Year Strategic Plan, and the Jordan Response Plan for Syria Crisis 2016-2018 guide the overall vision for Jordan. Previous USAID/Jordan investments in health had a notable impact on maternal and child health outcomes in Jordan and helped reduce maternal and neonatal deaths by 50 and 30 percent respectively over the past decade.

In partnership with the Government of Jordan (GOJ) and other international and local partner organizations, HSD directly supports the USAID/Jordan's Results Framework. Under USAID/Jordan's Intermediate Result (IR) 3.1: Health Status Improved, HSD seeks to achieve the following sub-IRs:

- **Sub-IR 3.1.1.1: Increased access to quality health services**

HSD expands access and availability of integrated health services in public and private sectors at key service delivery points, and improves the quality of essential health services in Jordan, with an emphasis on reproductive, maternal, newborn, and child health (RMNCH⁺) services.

- **Sub-IR 3.1.1.2: Improved health seeking behaviors and practices**

HSD works to improve health seeking behaviors and practices by fostering community ownership and engagement to increase health facility accountability.

- **Sub-IR 3.1.3: Impacts of rapid population growth alleviated and/or mitigated**

HSD responds to Jordan's population increase, as a result of the Syrian crisis and influx of refugees. HSD facilitates access to quality health services for both Syrian refugees and Jordanian host communities. In addition, the Activity works on improving the availability and quality of family planning services.

HSD is designed to stimulate management, clinical, and behavioral changes within Jordan's public and private health service system that will lead to better reproductive, maternal, neonatal and child health outcomes. As a result, by the end of the Activity, women of reproductive age and children under 5 in Jordan will receive higher quality services, will perceive greater levels of overall satisfaction with services received and achieve improved health status.

HSD will reinforce the resilience of Jordan's health system while ensuring access to key high quality health services in both public and private sectors. HSD aims to reach a stage in which Jordanian counterparts assume full ownership through engagement and systematic transfer of managerial and clinical knowledge, allowing future continuity and proper scale-up of all joint programs. The goal is an integrated and efficient network of public and private providers delivering high quality care to their communities. These provider networks will integrate vertically along a coherent and comprehensive continuum of care and horizontally across levels and geographic areas. This integrated, efficient, and effective health service delivery will serve as an essential instrument to enhance the population's health status, health protection, and social welfare. To ensure access to integrated high quality RMNCH⁺ services, HSD will work at all levels of the Jordanian health system.

B. EXECUTIVE SUMMARY

This Q3 report is the first quarterly report for the Health Service Delivery Activity (HSD), which started on March 15, 2016. During this period, the HSD team completed a large number of critical organizational, logistic and technical tasks, including the development of FY 2016 Work Plan. The FY 2016 Work Plan is a solid base for all future interventions, and will be used in developing future work plans with counterparts and strategic partners.

USAID/Jordan approved HSD's FY 2016 Work Plan on May 17, 2016. The HSD team has accomplished all of the tasks and deliverables due in this quarter. The HSD team planned and implemented interventions in collaboration with key counterparts to obtain their buy-in and commitment to work closely together throughout the life of this Activity. As a core part of the foundation phase of the Activity, the HSD team held meetings with a wide range of counterparts and other USAID health implementing partners throughout the quarter to introduce the Activity and its goals, as well as to obtain their input.

To make rapid progress in key intervention areas, the Activity is using a process of incremental innovation. As a first step in this process, the HSD team **defined selection criteria** for initial sites for HSD service delivery interventions. The team presented these criteria to central MOH counterparts, including the Director of the Health Directorates Administration. With his support and participation, HSD convened a meeting in Amman for representatives of the five Health Directorates (HDs) to explain the Activity objectives and the Geographic Focus Areas (GFAs) approach, attended by USAID/Jordan and USAID/Washington representatives. Following this meeting, MOH counterparts in six HDs (Amman, Mafraq, Irbid, Ramtha, Zarqa and Karak) reached agreement with the HSD team concerning the GFAs and service delivery points that will participate in the first phase of the service delivery interventions through FY 2017.

On May 23, 2016, HSD brought together the director of MOH Health Directorate Administration, Dr. Khaled Odwan, and Health Directors from five governorates with their technical teams to present the HSD approach and criteria for selection of service delivery points. The Health Directors and their technical teams voiced appreciation of the criteria, and noted the strong statistics used by HSD. Dr. Khaled noted that the MOH, from a human rights perspective, does not differentiate between nationalities in the provision of health care services.

The burden on Jordan's hospitals and health centers has been growing steadily. HSD informed counterparts that while its criteria and approach resulted in a "proposed list" of service delivery points, the final selection depended on the HDs' needs and strategies. Dr. Lail Al Fayez, Director of Amman HD, praised HSD's collaborative approach, and requested that the two sides continue working in a manner of shared responsibility.

MOH counterparts and the HSD team jointly selected a total of 44 MOH service delivery points, including 38 health centers and six hospitals. The HSD team plans to add approximately seven NGO sites and at least one Royal Medical Services (RMS) facility in the coming quarter. As required, the HSD team developed and submitted a comprehensive **Activity Monitoring and Evaluation Plan** (AMEP) to track HSD program performance and results over time. The AMEP will track progress of interventions and the results achieved, as a direct contribution to the achievement of broader national and USAID/Jordan in health.



Photo 1: USAID and HSD Activity Meeting with HD Administration Director and HD Teams

The team also initiated data collection for an **in-depth baseline assessment** in the selected service delivery points. The drafted baseline assessment tool examines administrative and clinical processes and documentation related to RMNCH+ services, as well as service statistics. This tool is evolving according to findings and feedback from counterparts. The HSD team and counterparts will use these findings not only to establish baselines for the indicators of the Activity, but also to identify and address service delivery gaps within each participating service delivery point.



Photo 2: Initiation of the Baseline Assessment activity at Princess Basma Comprehensive Health Center in Amman, with the participation of the Quality Unit Head at Amman HD and HSD's AOR at USAID/Jordan

The HSD team also began work on the **Integrated Service Delivery (ISD) package** for reproductive, maternal, newborn and child health services, including nutrition, to improve client access to these services and upgrade the quality of care. The team examined the necessary components and developed a framework for the ISD package, for discussion and finalization with MOH counterparts in the next quarter. The HSD team will introduce the ISD package in all the GFAs and service delivery points. The package will be the foundation for improvements in access to and quality of RMNCH+ services.

To establish stronger linkages between service delivery points and their surrounding communities, the HSD team performed **community mapping** as part of the baseline assessment process. This will allow the Activity to establish a community profile that indicates the functionality of Community Health Committees (CHCs) and other resources for health promotion in all GFAs. The team initiated an **assessment of the NGOs** that have their own service delivery points within the selected GFAs, for potential inclusion in HSD interventions. The HSD team also developed and submitted an **Innovation Grants Manual** to guide the design, award, implementation, monitoring and reporting of its grants activities throughout the life of the Activity.

The HSD team is building on previous accomplishments for the establishment of a **national Maternal Mortality Surveillance and Response (MMSR) system** with the designated MOH team in the Non-communicable Disease Directorate. The MOH approved the MMSR model designed during the USAID-funded Health Systems Strengthening II (HSS II) Bridge Project in 2015. Since then the MOH has received approval from the Legislation and Approval Bureau and instructions from the Prime Minister's office for creating detailed implementation instructions. This quarter, with the NCD team, HSD outlined the next steps for implementation, which will be completed in FY 2016.

In parallel and at a record pace, the HSD administrative team obtained needed administrative and operational approvals from various local authorities and accomplished critical start-up tasks. These included **renting an unfinished office space** to be customized according to the specifications of the Activity. After **equipping, furnishing and making the office space ready**, the HSD team was able to move into the work location in just a few weeks following the Activity start date. . In addition, HSD purchased seven vehicles for fieldwork.

Finally, during this quarter, while performing all the technical and administrative tasks described above, significant progress was made in staffing the HSD team. By July of 2016, the **HSD team had expanded** from a small core team of ten to 45 staff members through a competitive recruitment process performed in phases according to the overall Activity strategic approach.



Photo 3: HSD's main training room, which accommodates up to 50 people and maximizes efficient use of resources by allowing the Activity to host most trainings and meetings in-house.

In the next quarter, the HSD team will use the results from initial activities to accomplish all remaining FY 2016 tasks. These tasks include preparing and submitting all the documents required for guiding interventions throughout the course of the Activity.

These documents include the following:

- Comprehensive Baseline Assessment Report
- ISD Package
- NGO and Community Mapping Report
- IT Needs Assessment Report for implementing Maternal Mortality Surveillance and Response (MMSR) system

Also, during the next quarter, HSD will engage key counterparts in its interventions through active involvement in the MMSR Advisory Group and Innovation Grants Committee, both of which HSD will form and support according to defined terms of reference.

The HSD team will use all of these outputs to shape the FY 2017 Work Plan, in a consultative process with key counterparts, other USAID health partners, and the USAID/Jordan Population and Family Health (PFH) office.

2. ACTIVITY IMPLEMENTATION

A. PROGRESS NARRATIVE

Geographic Focus Areas and Selection of Service Delivery Points:

To gain full buy-in of key counterparts at different levels of the health system and make rapid progress in key intervention areas, the Activity is using a process of *incremental innovation*. By concentrating on an initial set of GFAs, the HSD team is able to work closely with counterparts across different levels of the health service delivery system, as illustrated in Figure 1 on the next page.

Incremental Innovation
is a business term that refers to performing a series of improvements in phases that ultimately lead to upgraded quality of products and/or services at a large scale.

The HSD team used an evidence-based approach to select an initial set of service delivery points for ISD interventions in six HDs: Mafraq, Ramtha, Irbid, Amman, Zarqa and Karak. This first phase of interventions includes 44 MOH service delivery points. During the Activity, HSD will increase the number of service delivery points across additional HDs in phases.

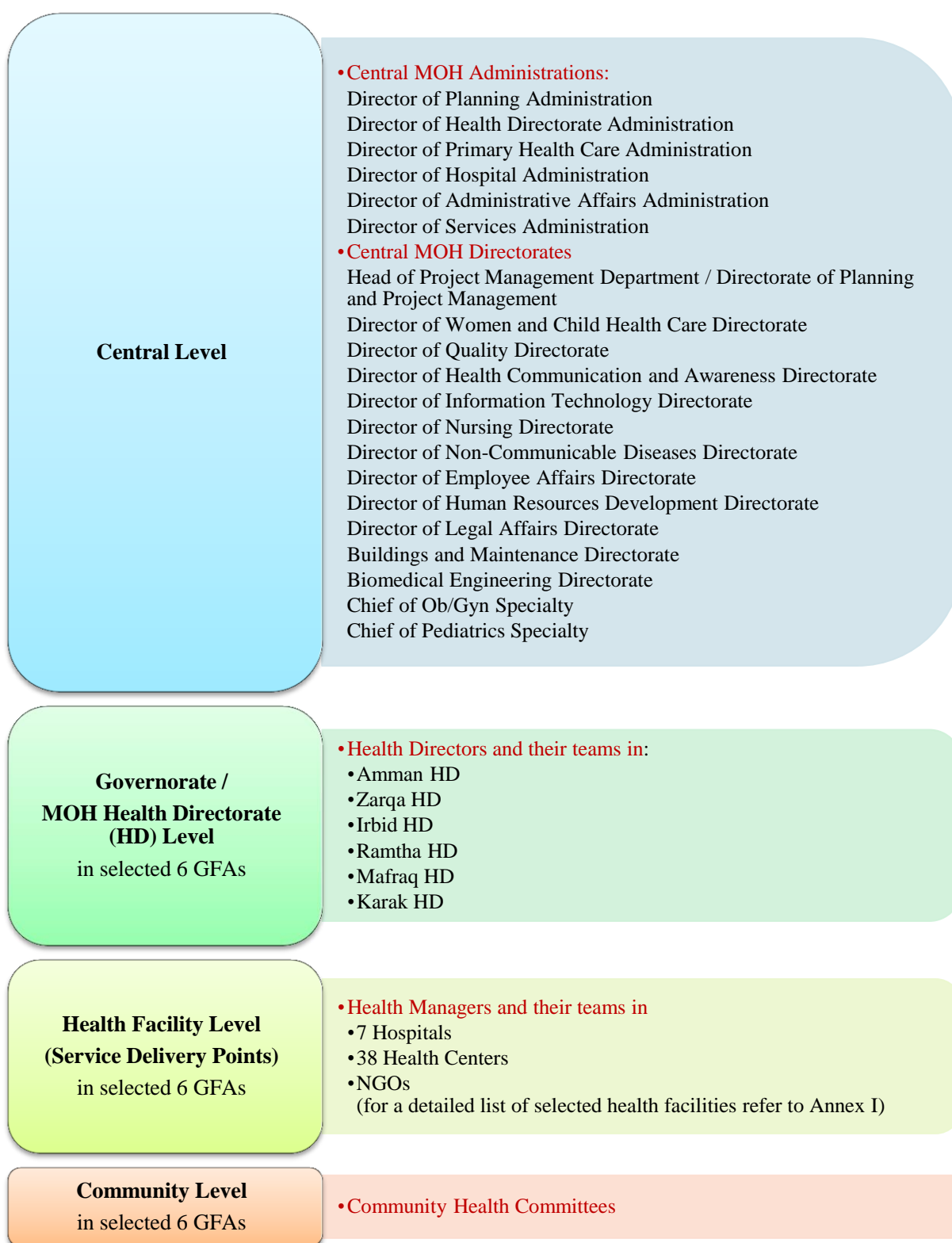
Setting selection criteria was a necessary first step to prioritize focus areas and ensure that HSD interventions are in line with USAID/Jordan's Development Objective (DO): Social Sector Quality Improved. Therefore, the HSD team took into consideration facility workload, poverty rate, population rate in urban areas and Syrian refugee population and achievements of USAID-funded activities.

The HSD senior managers and technical leads discussed the final selection of MOH service delivery points within each GFA through meetings held with the directors of the six HDs.

At the hospital level, the HSD team met with the director of each hospital identified as a potential service delivery point in the GFA, to confirm their interest and support for HSD interventions. For the most part, the HD and hospital managers agreed with the criteria and with the initial GFAs selected. The Irbid and Zarqa HD teams requested changes to the proposed list of service delivery points, either to improve geographic coverage within the HD (Irbid) or to select alternative service delivery points if they had concerns about the capacity of the service delivery points initially selected (Zarqa).

“We are committed to facilitating HSD interventions at Al-Bashir Hospital, and we are willing to engage in all implementation phases from planning to evaluation,” said Dr. Ahmad Quteitat, Director of Al-Bashir Hospital.

The HSD Activity issued a letter to the MOH on June 7, 2016 with the final list of MOH service delivery points that will participate in phase I. The HSD team will identify additional NGO service delivery points based on the results of community mapping in these GFAs, as explained below.



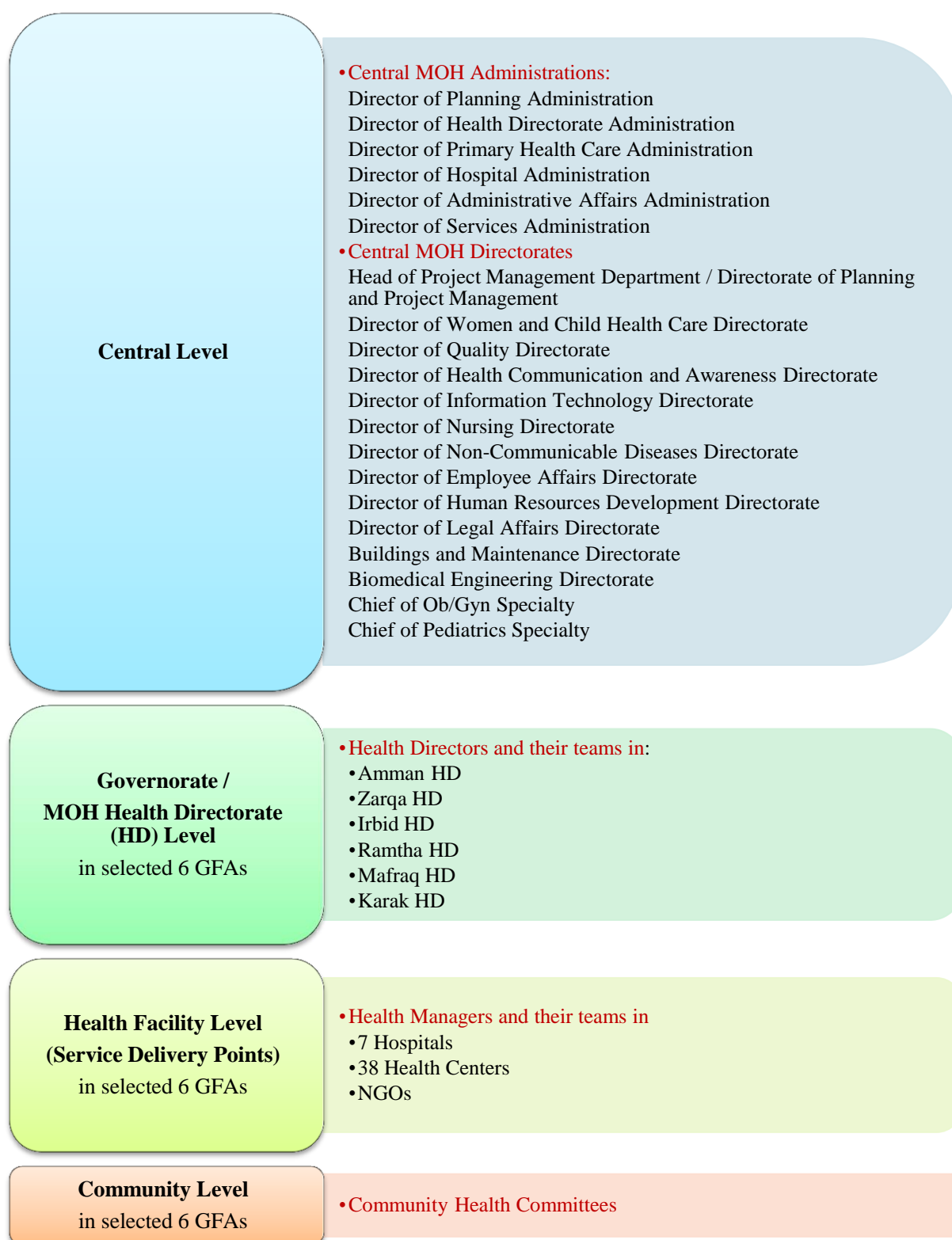


Figure 1: Levels of the health service delivery system receiving support in phase I

Establishing Baselines

a) Activity Monitoring and Evaluation Plan (AMEP)

This quarter the HSD team developed a comprehensive AMEP that will track progress of the Activity and the results it achieves, as a direct contribution to the achievement of USAID/Jordan and national goals in health. HSD submitted the draft AMEP to USAID on June 14, 2016. Since most of the HSD interventions are at the service delivery level, the majority of indicators in the AMEP track progress in improving access, quality and/or use of reproductive, maternal, newborn and child health services, including nutrition.

While USAID/Jordan and the GOJ will periodically obtain national level indicators through population-based surveys, the HSD's AMEP will provide regular updates on the status of HSD interventions and the results of these interventions over time. The HSD team will assist USAID/Jordan to track results and impact relative to both GFA baselines and to official national numbers.

Process indicators included in the AMEP describe areas such as patient flow, documentation practices, and management and supervision practices at the facility level. For the public sector, process indicators include the levels of management at the directorate and central levels. The HSD team will also track management practices within relevant NGOs, working in specific service delivery points. The HSD team will use process indicators to evaluate the need for new documentation forms and reporting mechanisms as recommended by HSD's technical interventions.

b) Baseline Assessment

This quarter, the HSD team initiated a detailed assessment of baseline practices and AMEP-indicator data in the selected service delivery points. Baseline data will allow the Activity to measure the progress achieved and to use data with counterparts for decision-making and incremental improvement in integrated service delivery provision.

The HSD team developed a comprehensive baseline assessment tool to gain full understanding of current reproductive, maternal, neonatal, and child health-service provision and documentation practices in primary health care centers and in hospitals. The tool also identifies the continuum of maternal and child care using a client-centered approach.



Photo 4: HSD team member conducting baseline assessment at Al-Taibeh Comprehensive Health Center in Irbid

For example, the tool identifies if, and how, providers track maternal care through the antenatal, labor and delivery, and postnatal phases. HSD staff, accompanied by maternal and child health (MCH) supervisors from the six HDs, used this tool to capture information regarding the following aspects of each service delivery point included in phase I:

- Infrastructure and staffing
- RMNCH⁺ Indicators
- Processes and procedures of service delivery
- Client flow
- Provider documentation practices

HSD will submit the complete findings of the baseline assessment, and corresponding recommendations, during the next quarter in the Baseline Assessment Report. The report will shape the Activity's service delivery interventions in FY 2017 and beyond. HSD discussed the purpose and process of the baseline assessment with the director of Health Directorate Administration (HDA) as well as with each HD team to gain their feedback, understanding, and their buy-in of long-term data use.

The HSD team also reviewed the process of baseline data collection used in MOH service delivery points with the staff of the MOH's Woman and Child Health Directorate (WCHD). The team agreed with counterparts on a schedule for collecting baseline information from service delivery points. The MCH supervisors from the six HDs accompanied the HSD field teams in the data collection visits whenever possible.

The Integrated Service Delivery Package



Photo 5: HSD team collecting baseline information from a general practitioner at the MCH Department - Abu Nseir Comprehensive Health Center in Amman

Currently, women and children who come to a health center or hospital often receive specific services in a vertical or fragmented fashion. Some services are only offered on specific days or within narrow time slots, resulting in many missed opportunities for comprehensive service delivery. This fragmentation negatively affects both their access to services and the quality of care they receive. While the MOH staff acknowledges this situation to be a barrier to high quality care, it reflects longstanding organizational practices that have proven difficult to change.

During this quarter, the HSD team discussed the concept of an integrated service delivery (ISD) package for reproductive, maternal, neonatal and child health services including nutrition (RMNCH⁺) with the MOH WCHD and with staff members from the six participating HDs. All parties agreed that improved access, integration and consistency of care are essential to improve health outcomes, and they embraced the idea of an ISD package.

The HSD team will closely collaborate with counterparts in the design of the ISD package. The aim of the package is to improve women and children's experience accessing needed services, and the quality of care they receive. The ISD package will focus on improving the flow of clients so that they can more easily access care. In addition, the package will address the delivery of a consistent set of high quality preventive and curative interventions for RMNCH⁺.

This package will be designed to reduce missed opportunities for family planning counseling and improve the quality of family planning information and services, to reduce early discontinuation of modern methods. It will also include specific interventions to improve identification and management or referral for conditions strongly linked with negative health outcomes, such as anemia, hypertension and diabetes in pregnancy, anemia in children and Gender Based Violence (GBV).

The HSD team will also use the ISD package to improve the linkages between different stations within service delivery points, and among the different levels and types of health organizations: public, non-governmental and private. From the perspective of the client, the ISD package will enable management of health services around their needs.

The package will provide *the right care at the right time in the right place* and in a user-friendly manner to achieve the desired results.

To begin developing the ISD package, during this quarter the HSD team reviewed the current approved MOH guidelines for the different services, as well as international best practices for each type of service, during this quarter.

The final list of Activity indicators and the results of the baseline assessment are essential elements to shape the ISD package. Therefore, the HSD team will develop the full ISD package with modifications adapted to each level of care. The Activity team will then review the ISD package with counterparts in the next quarter.

Community Components

To ensure ownership of all aspects of community engagement for health, the HSD team worked closely with the MOH Health Communication and Awareness Directorate (HC&AD) to define the roles of the MOH and HSD teams in the area of community engagement across all levels of the system. During this quarter, the HSD and HC&AD teams developed a community mapping tool that defines community resources in the catchment areas of the selected service delivery points. The tool includes information about the community profile, health promotion campaigns carried out within the catchment area and other sectors, including municipalities, schools, religious leaders and NGOs providing health services within the GFA.

The HSD team tested the tool in Amman and incorporated feedback accordingly. The HSD team then worked with the health promotion staff of the six HDs to complete data collection during June, and began drafting the baseline report. HSD and its counterparts will use this data to define existing community structures that are considered as potential partners in community mobilization efforts. This will allow the HSD team to build on existing structures, avoiding duplication and overlap.

The HSD team also identified the status of community health committees (CHCs) associated with all service delivery points in the GFAs. Using the assessment criteria developed in the previous USAID projects, the HSD team identified the locations where CHCs had previously existed, and how many of them were still active. The service delivery points include hospitals as well as unaccredited health centers that had not previously formed CHCs. Out of the 44 service delivery points already identified, 17 were found to have active CHCs, three CHCs existed but were not active, five were disbanded and 19 had not previously had CHCs. The HSD team will discuss these findings with HC&AD and relevant HDs to determine how to best leverage and expand CHCs as part of the overall community engagement and outreach approach.

NGO Engagement relative to ISD package and Community Components

The HSD team plans to work with a total of seven service delivery points run by NGOs, in this first phase of the Activity. Identifying all NGOs providing health services within the GFAs is an important part of the community mapping process. Using community mapping data along with MOH data, the HSD team is currently identifying the NGOs eligible for collaboration and support to expand their scope to deliver the RMNCH⁺ integrated services package.

During this quarter, the HSD team developed and tested an NGO assessment tool to gauge the institutional capacity of the potential NGOs. HSD will select which service delivery points to support based on the results of this assessment, along with the willingness of the NGO management to undertake an integrated RMNCH⁺ service delivery approach.

During the next quarter, the HSD team will complete the NGO assessment and selection of service delivery points. HSD will then plan activities for FY 2017 in cooperation with the selected NGOs.

Innovation Grants Manual

The purpose of the Innovation Grants Manual is to support a wide range of innovative approaches or interventions to improve the quality and access to RMNCH⁺ services. The HSD Activity defines “Innovation” as the use of service delivery, community, outreach or feedback research, approaches or interventions that are not currently part of on-going programs in Jordan to achieve improved health results. HSD will accept proposals for the introduction, scale-up or transitioning of innovative approaches to full sustainability.

Recipients of these grants may include national NGOs and registered Community-Based Organizations (CBOs), international NGOs active in Jordan, and local government agencies or directorates that are authorized to attract and manage grant funds. HSD will accept proposals from CBOs, such as CHCs for in-kind grants. In consultation with USAID, the HSD team will form an inter-organizational Innovation Grants Advisory and Oversight Committee to develop the concepts, themes and selection criteria for awarding grants.

HSD developed the Innovation Grants Manual based on the approved Grants Manual from the USAID-funded Jordan Communication, Advocacy and Policy Activity (JCAP) and submitted it to the USAID PFH Office on June 14, 2016. The manual will guide the HSD Team in designing, awarding, implementing, monitoring and reporting its grants activities throughout the life of the Activity.

In the next quarter, the HSD team will work with USAID and counterparts to form the Innovation Grants Advisory and Oversight Committee and establish its Terms of Reference.

Maternal Mortality Surveillance and Response

The HSD team met with the NCD Directorate on April 18, 2016 and discussed strategies and next-steps for implementation of the national MMSR model already approved by the MOH. In parallel, the HSD team outlined the steps for FY 2016 based on the meeting with the NCD Directorate and will begin their implementation in the next quarter.

Management and Administration

a) Personnel:

By the end of March, within two weeks of HSD Activity agreement signature, 11 full-time staff members had begun working. This initial staff included the senior management team, a core administration/logistics team to accomplish start-up tasks, and three technical team members. During following months, the staffing process continued and by the end of the quarter, there were 40 HSD staff on board.



Photo 6: A group photo of HSD team members

- Office Start-up and Logistics:

Immediately upon activity start-up, the HSD team secured permanent office space at Wadi Saqra, Arar Street, Building No. 201 (P.O.Box 851275) Sweifieh 11185, Amman, Jordan. The team was able to quickly identify, lease, customize and furnish a building that met all functional and operational requirements related to location, security, suitable work area and cost effectiveness. The new activity offices provide a secure location easily accessible to the HSD client and counterparts.

A reception area on the ground floor was designed to greet visitors while limiting access to the additional three full floors of office space and training rooms above, which total approximately 1,400 square meters. The two training facilities, one able to accommodate 50 trainees and the other suitable for 30, have both been fully furnished and set up with audiovisual equipment (digital light projectors, smart boards and LED screens) to allow HSD to host most training events and large meetings in-house, saving resources that would otherwise have been spent on third party venues.

During this quarter, HSD also established an IT network and procured seven vehicles to facilitate field work. As committed prior to award, the HSD Activity was set up and fully functional within 40 days of award signature.

3. COLLABORATING AND/OR KNOWLEDGE SHARING

A. COLLABORATION AND/OR KNOWLEDGE SHARING WITH OTHER USAID ACTIVITIES

The HSD team held several meetings with other USAID/Jordan PFH implementing partners, including JCAP and Human Resources for Health (HRH) 2030, to better plan and coordinate activities. In FY16Q3, those two existing Activities were already implementing their FY 2016 work plans, while HSD was developing its first work plan.

- **JCAP:**

The first meeting of the HSD team with JCAP, in the presence of the Agreement Officer's Representatives AORs of both activities, allowed the HSD team to introduce its first year priorities for HSD and the JCAP representatives to explain their current priorities and on-going interventions. The staff members of both activities opened informal discussions related to specific technical topics or interventions. In particular, the two activities jointly reviewed the policy areas in which JCAP is active and discussed priorities to improve family planning service delivery at the MOH.

Given the RMNCH⁺ scope of the HSD Activity, it would be strategic if JCAP's demand generation and community mobilization activities address a broader range of RMNCH⁺ topics. The AORs acknowledged the importance of this point, and suggested that the PFH office further study the technical needs.

- **HRH 2030**

The HSD senior management team met with the HRH 2030 team, along with their respective AORs, twice during the quarter. The first meeting included introductions by the senior management of both activities, and the two Activities explained their organizational structures, results frameworks and general approaches. During this meeting, the teams identified certain technical areas, such as supportive supervision, client flow within MOH service delivery points, and work with CHCs, in which both Activities have current or planned interventions, and there is an apparent overlap in scope.

The technical leads from each Activity met a second time to explore in more depth the different interventions that both Activities have in common, as well as the service delivery points that both Activities had selected for direct service delivery interventions. At the end of the meeting, the AORs indicated that each Activity should pursue its agreed FY 2016 Work Plan, and that more differentiation of roles and responsibilities between the two Activities would be useful to consider while developing their respective FY 2017 Work Plans, in order to avoid duplications.



Photo 7: HSD meeting with USAID/Jordan's HRH2030 Activity

B. LEARNING FOCUSED COLLABORATION AND ENGAGING IN LEARNING APPROACHES

a) USAID/Jordan's first Annual M&E Conference

The HSD M&E Specialist participated in the first annual M&E Conference held in Amman on May 23, 2016. USAID/Jordan and the Monitoring and Evaluation Support Project (MESP) organized the event. The conference was an opportunity for M&E professionals to build a strong foundation for innovative collaboration through networking and knowledge sharing with other M&E professionals as well as with the MESP team.

The HSD representative attended the following two technical sessions:

- Adaptive Management on Activity Level. This session covered topics related to responding and adapting quickly to changing environments.
- Communicating Complex Data. This session covered topics related to best methods to present different media to maximize reach, understanding and data use for decision-making.

C. COLLABORATION AND/OR KNOWLEDGE SHARING WITH PARTNER ENTITIES IN HOST GOVERNMENT AND OTHER DONOR AGENCIES

a) Ministry of Health (MOH)

The MOH is the main counterpart for the HSD Activity. Therefore, the first priority of the HSD team was to build on existing strong partnerships and resume momentum with key MOH counterparts at the central and regional levels. The USAID/Jordan PFH Director officially presented the new project to the MOH Secretary General on March 24, 2016.

The HSD senior management team held a number of meetings with the respective MOH Directorates, including the Primary Health Care Administration, Hospital Administration and Health Directorates Administration (HDA), to introduce the new Activity and build the foundations of cooperation. USAID/Jordan also introduced the HSD Activity to the MOH Planning Administration that coordinates donor support and serves as the administrative locus for interactions with other MOH directorates. In all of these meetings, the MOH officials welcomed the HSD Activity and indicated their strong support and interest in helping the Activity achieve its objectives that are in line with GOJ's strategic goals.



Photo 8: HSD meeting with Zarqa HD team

In addition, the HSD team held several meetings during this quarter with the Woman and Child Health Directorate (WCHD) to understand their current priorities for reproductive, maternal and child health interventions and engage them in planning HSD's baseline assessment. The HSD team also met with the Non-Communicable Diseases Directorate (NCD) concerning the initiation of the Maternal Mortality Surveillance and Response (MMSR) system.

Subsequently, HSD held in-depth technical meetings with the MOH Directors and staff with roles and responsibilities relevant to the HSD Activity scope. The HSD team and the HDA organized an initial meeting in Amman with representatives of five HDs (Mafrqa, Irbid, Zarqa, Central and Karak), to explain the goals and initial tasks of the Activity, in addition to the selection criteria for the Activity's geographic focus areas within the respective Governorates. The HSD senior management and technical leads performed follow up meetings and visits to each HD. The purpose of the meetings was to meet the following objectives:

- Explain the HSD Activity's objectives and proposed interventions in more detail to the HD team members.
- Review the list of proposed geographic focus areas.
- Agree with HDs on the final set of service delivery points that would participate in the first phase of HSD's integrated service delivery initiatives.
- Enlist the engagement of HDs in the collection of baseline information at each of the selected service delivery points.

As a result, the HSD team added Ramtha HD to the list of HDs participating in the first phase, since this newly formed HD contains two large urban clinics with a significant population of Syrian refugees.

b) Institute for Family Health (IFH)

The HSD team met three times during the quarter with IFH to understand their scope of service, targeted populations and geographic coverage. The IFH team presented their existing mandate and programs, and shared with the HSD team data related to their clinics, in terms of workload and services. In the next quarter, the HSD team will conduct the NGO assessment at IFH as a further step to verify its appropriateness for inclusion as an NGO partner to deliver the RMNCH⁺ integrated service package.

c) Jordan Association for Family Planning and Protection (JAFPP)

The AOR and the HSD senior management team met with JAFPP managers early in the quarter to introduce the Activity and set the stage for future collaboration. JAFPP officials expressed strong interest in the Activity. JAFPP stressed the need for financial support to cover operational costs, since they have budget deficits, particularly in regards to new clinics that they have opened. The AOR explained that the HSD Activity does not have a mandate or mechanism to support the operational costs of JAFPP but HSD will technically assist JAFPP to improve its provision of reproductive health services.

d) The Japan International Cooperation Agency (JICA)

The AOR and the HSD senior management team met with JICA officials to introduce the Activity. The JICA officials indicated that a technical team would arrive soon to initiate JICA's new phase of support for community health centers in the north, and suggested that the team meet with HSD staff.

When the JICA technical team met with HSD staff, both groups agreed that there are many opportunities available to reinforce linkages and quality of care between the two levels, where JICA-supported community health clinics are associated with HSD service delivery points.

e) The United Nations Higher Commissioner for Refugees (UNHCR)

The HSD Activity is a member of the UNHCR sub-sector working group on reproductive health, chaired by the United Nations Population Fund (UNFPA). This allows the HSD team to stay informed about different initiatives and NGOs, or other agencies engaged in providing reproductive health services to Syrian refugees.

In the next quarter, HSD will pursue joining the sub-sector working group on community health interventions as well.

f) The National Steering Committee for Maternal and Newborn Health

With the AOR, the HSD senior managers participated in the National Steering Committee for Maternal and Newborn Health meeting on May 8, 2016. During the meeting, a technical group led by Dr. Eman from Jordan University Hospital presented a strategy to improve neonatal care. The strategy included setting and implementing a neonatal mortality surveillance system. The ensuing discussion centered on ways to implement the strategy. The UN agencies that supported the development of the strategy are relying on the MOH and other partners for implementation. They also expressed some expectations that HSD would be able to help them achieve their results.

In addition, Dr. Eman informed the committee that the designated team updated the MOH's maternal and newborn guidelines, and highlighted the need to "sustain" such technical efforts. The subsequent discussion included the difference between general clinical guidelines, and specific protocols that streamline specific service delivery. As of this date, HSD has not received the updated guidelines. HSD will continue participating in committee meetings as guided by USAID.

D. KEY HIGHLIGHTS OF THE COLLABORATION

From initial meetings with counterparts, HSD accomplished several important objectives:

- Central MOH officials are aware of and engaged in initial HSD interventions.
- Six HDs agreed on the selection of geographic focus areas and service delivery points within these areas that will participate in HSD interventions through FY 2017. Respective HD staff members also participated in field visits to these sites to collect baseline information.
- JICA and the HSD team will share technical materials and other information regarding quality and access to RMNCH⁺ services, with a focus on GFAs where both groups are active.

E. CHALLENGES OF THE COLLABORATION

Many partners were eager to collaborate with HSD; however, their requests for assistance sometimes fell outside of the scope of work and mandate of the Activity. For example, JAFPP requested financial support to cover the expenses of certain operations. Also, a number of UN agencies, including UNICEF, UNFPA and WHO, requested technical support for their interventions from HSD. USAID/Jordan and HSD will work together to manage those requests.

In the two meetings held with the USAID HRH 2030 project, all parties noted some areas of duplication or overlap in focus. The HSD team looks forward to further guidance from the USAID PFH Office on the roles and responsibilities of each Activity in particular technical areas, including RMNCH⁺ service delivery improvement, client flow, supportive supervision, management of RMNCH⁺ services, CHC engagement and technical training in RMNCH⁺ topics.

4. ASSESSMENTS / EVALUATIONS / LESSONS LEARNED

HSD has several assessments underway including the following:

- Baseline assessment of health service delivery points in GFAs
- Community mapping in GFAs
- NGO capacity assessment

5. PLANNED ACTIVITIES FOR NEXT QUARTER

The HSD team will complete the following tasks in Q4 of FY 2016.

a) Prepare the Baseline Assessment Report:

This includes data entry, analysis of baseline data collected from service delivery points and write-up of results.

b) Design RMNCH⁺ ISD package:

In collaboration with counterparts, the Activity will develop the package to include a description of the contents and steps for each service component, client flow and linkages within and across service delivery points.

c) Identification of additional protocols needed to implement the ISD package:

HSD will design a list of protocols to address gaps identified in the baseline assessment.

d) Design of community components of GFA interventions:

Based on the community mapping report, the HSD team will develop an overall community engagement and outreach approach.

e) NGO mapping in GFAs, with report:

This includes an organizational profile of the parent NGOs and a service delivery profile of the service delivery points to be included in HSD interventions.

f) Innovation Grants Committee formed, with terms of reference:

This includes determining composition and inviting external members of the committee to participate in developing the terms of reference for the committee.

g) Maternal Mortality Surveillance and Response (MMSR) System:

The HSD team will conduct the following:

- Review and finalize the MMSR system implementation instructions and data collection forms with counterparts in the Non-communicable Disease (NCD) Directorate.
- Establish the National Advisory Group (NAG) at the central level to include representatives from all sectors.
- Discuss the implementation instructions and data collection forms with the NAG for feedback and finalization.
- Engage and provide orientation for Health Directors and their teams.
- Establish the Directorate Advisory Groups (DAG) in all HDs.
- Prepare IT needs assessment report with approved procurement plan.

h) Develop FY 2017 Work Plan:

The HSD team will work with the USAID PFH Office to complete a series of consultations regarding the FY 2017 Work Plan, initially with other PFH Activity teams, then with each counterpart organization, and finally with all relevant counterparts and partners through a work planning retreat.

6. BRANDING COMMUNICATIONS AND DISSEMINATION

A. KEY COMMUNICATION ACTIVITIES

The Activity shared a news piece about the baseline assessment through the monthly USAID Implementing Partner Newsletter.

B. BRANDING

The HSD Activity has been using the logo of the contractor, Abt Associates, on print materials where it applies. However, HSD intends to propose a new design concept and identity, which includes the name, and not logo, of the Activity. A local design company will be outsourced to develop the design.

HSD printed its FY 2016 Work Plan and distributed it to counterparts at the Ministry of Health. USAID logo appeared on the front cover, following the Work Plan template received by USAID.

In line with HSD's Branding Strategy in the HSD Branding & Marking Plan, HSD continues to work through the process with USAID of determining an identity for this activity.

C. CALENDAR OF PLANNED OUTREACH AND COMMUNICATION EVENTS FOR NEXT QUARTER

HSD Work Planning Event

The event aims to review and finalize the HSD Activity work plan, which HSD will implement in collaboration with key counterparts in the public and private health sectors.

HSD will invite counterparts from the MOH central and HD/governorate levels, Jordan University Hospital, Higher Population Council (HPC) and the Jordanian Nursing Council (JNC). The HSD Activity will also invite its subcontractors, including EMPHNET and Health Care Accreditation Council (HCAC), as well as private sector and NGO representatives.

The event is planned to be held outside of Amman and will welcome USAID implementing partners, including JCAP, HRH2030, Health Finance and Governance (HFG) and USAID's PFH Office representatives.

7. SUSTAINABILITY AND EXIT STRATEGY

There is nothing to report on this quarter.